



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 05-10203-RWZ	
DEFENDANT Mario Viana		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Geoffrey G. Nathan		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 132 Boylston Street, 5 th Floor Boston, MA 02116		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)			
Please serve the attached Preliminary Order of Forfeiture upon the above name individual by certified mail return receipt requested.			
NES x3280			
Signature of Attorney or other Originator requesting service on behalf of		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM PLEASE SEE REMARKS SECTION BELOW
		Signature, Title and Treasury Agency Mary Lou Gilman, Forfeitures Specialist	
REMARKS:		U.S. Customs and Border Protection The above described Order was served by certified mail. Copy of certified mail form (7001 2510 0003 4299 9219) is attached. Mailed on June 28, 2006. Postal records indicate delivery/receipt on June 29, 2006.	

TD F 90-22.48 (6/96)

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

92199	4299	0003	2510	0001	2510	0000	4299	9219
Postage \$								
Certified Fee								
Return Receipt Fee (Endorsement Required)								
Restricted Delivery Fee (Endorsement Required)								
Total Postage & Fees \$								

JUN 28 2006

Sent To	Geoffrey G. Nathan				
Street, Apt. No.; or PO Box No.	132 Boylston St. 5th Floor				
City, State, Zip+4	Boston, MA 02116				

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Kristina Keller C. Date of Delivery 6-29-06</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed To:</p> <p>Geoffrey G. Nathan 132 Boylston St. 5th Floor Boston, MA 02116</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7001 2510 0003 4299 9219</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	